

CITY OF HAMPTON
TECHNOLOGY ZONE PROGRAM
Qualification Form T-1

PART I. BACKGROUND INFORMATION

1. Technology Zone Location ☐ Downtown Technology Zone ☐ Hampton Roads Center Technology Zone
2. Business Firm Identification
(BOTH NUMBERS ARE REQUIRED) _____
Federal Employee I.D. No. (FEIN) Virginia Employment Commission I.D. No.
3. Name of Business Firm

Legal Name Trading Name (If different from legal name.)
4. Address (Indicate the actual address of the Zone establishment).

Street Address Zip Code
5. Principal Mailing Address (Only complete this item if information is **different** from line 4).

Street or Post Office Box City State Zip Code
6. Date the Business Firm began operation at the location in the Technology Zone: _____
Month/Year
7. Business Firm Contact: _____
Name of Person Business Telephone Number
8. Business Firm Web address _____
9. Qualified Business Activity Code (See Qualified Business Activity Chart) _____
10. Percentage of gross receipts attributable to qualified technology zone business activity. _____% (see instructions)
11. Brief description of qualified business activity. _____

PART II. QUALIFICATION INFORMATION

1. Type of business New ☐ Existing ☐ What is the business firm's base calendar year used for qualification? _____
2. Qualification is requested for
☐ Reduction in Business License Tax ☐ Capital Investment Grant ☐ Permit Fee Refund
3. Employment Test
 - a. Average number of full-time employees employed by the firm during the base calendar year.
(If the applicant is a new business skip to Line b and place N/A on Line a). _____
 - b. Average number of full-time employees employed by the firm during the qualifying calendar year. _____
 - c. Average number of full-time employees hired after the base year. (Subtract Line a from Line b). _____
 - d. Percentage increase in the average number of full-time employees hired after the base year. (Divide Line c by Line b). _____
4. Wage Test
 - a. Average number of full-time employees employed in the base calendar year whose wages were at least twice the Federal minimum wage. _____
 - b. Average number of full-time employees employed in the qualifying calendar year whose wages are at least twice the Federal minimum wage. _____
 - c. Average number of full-time employees employed after the base year whose wages are at least twice the Federal minimum wage. (Subtract Line a from Line b). _____
 - d. Percent of full-time employees hired after the base year earning twice the Federal minimum wage. (Divide Line c by Line b). _____

This Section to be Retained by the Commissioner of Revenue

5. Investment Test

a. Capital investment in the firm's base year. Enter the base year as stated in item 1 above _____.
(If the applicant is a new business skip to Line b and place N/A on Line a). \$ _____

b. Capital investment made in pre-qualifying year 1) \$ _____ and subsequent qualifying years;

2) \$ _____ 3) \$ _____ 4) \$ _____ 5) \$ _____

Total capitalized investment made in the pre-qualifying through qualifying years. \$ _____

c. Disposal of capital investment in pre-qualifying year 1) \$ _____ and subsequent qualifying years;

2) \$ _____ 3) \$ _____ 4) \$ _____ 5) \$ _____

Total disposal of capitalized investment made in the pre-qualifying through qualifying years. \$ _____

d. Total capital investment (add Lines a + b and subtract Line c) \$ _____

A detailed depreciation schedule must be attached to the T-1 application. The listing must identify the property used in the operation of the qualified technology business and include date of purchase.

PART III. DECLARATION

BUSINESS FIRM REPRESENTATIVE:

I, the undersigned am an authorized representative of the business firm for which the request is made. I declare under penalty of perjury that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I further affirm that the business firm has met the requirements for the Technology Zone Program and understand the claw back provisions as set forth in the Hampton City Code §37-400 - §37-412. All records relevant to the information required by this form shall be made available to the Technology Zone Administrator and/or the Hampton Commissioner of the Revenue.

Signature

Typed or Printed Name

Title

Date

This agreement was witnessed by me this day of _____.

month/day/year

Notary Public

My commission expires: _____

Office Use Only

Date Received _____

Year of Qualification

PRE [] 1 [] 2 [] 3 [] 4 [] 5 []

Please make a copy of the application for your records. Mail or hand deliver the original application to the following address:

Attn: Hampton Commissioner of the Revenue
100 Old Hampton Lane
P.O. Box 636
Hampton, VA 23669

A complete application must be post marked or hand delivered on or before June 30th. Any questions concerning the Technology Zone Program should be directed to the Hampton Department of Development at (757) 727-6237.

**CITY OF HAMPTON
TECHNOLOGY ZONE PROGRAM**

Fee Rebate Form F-1

Please note if your company is requesting a fee rebate, Form T-1 must also be completed.

BACKGROUND INFORMATION

1. Name of Business Firm

Legal Name

Trading Name (If different from legal name).

2. Address (Indicate the actual address of the Zone establishment).

Street

Zip Code

3. What type of activity was undertaken at the address above?

☐ Expansion ☐ Rehabilitation ☐ New Construction

4. What was the cost of expansion, rehabilitation or new construction? \$_____

5. Requesting a rebate of the following fee(s):

<input type="checkbox"/> Building Permit fees	<input type="checkbox"/> Plumbing Permit Fees
<input type="checkbox"/> Conditional Use Permit Fees	<input type="checkbox"/> Sign Permit Fees
<input type="checkbox"/> Electrical Permit Fees	<input type="checkbox"/> Water Connection Fees
<input type="checkbox"/> Mechanical & Gas Fees	<input type="checkbox"/> Zoning Ordinance Fees

6. Total fee rebate requested \$_____

Please attach a copy of each receipt for which a fee was paid by the applicant.

BUSINESS FIRM REPRESENTATIVE

I, the undersigned am an authorized representative of the business firm for which the request is made.

Signature

Typed or Printed Name

Title

Date

Phone Number

